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THE ANALYSIS OF STATINS USAGE IN CROATIA DURING THE FIVE-YEAR PERIOD

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OBJECTIVES: Statins are used in primary and secondary prevention of cardiovascular diseases. The goal of this study was to analyze the outcome of the introduction of generic forms of statins on the reimbursement drug list paid by the Croatian Health Insurance Institute (CHII) and the effects of corrections of the reference prices of this drug group for the five-year period in the relation to the financial expenditure. **METHODS:** The data was obtained from the CHII, which maintains records regarding drugs issued by Croatian pharmacies. For the investigated period from 2003 to 2007, annual volumes of prescribed statins were presented in defined daily doses (DDD) and the expense is presented in Euros (€). An average cost per DDD was calculated for each drug of the group. **RESULTS:** During the five-year period from 2003 to 2007, the volume of prescribed group of statins increased 163% (from 33,294.052 to 87,616.126 DDD) while the share of branded drugs decreased significantly (from 77.02% to 38.62%). The related expense showed an increase by 18%. The average cost per DDD dropped for 52% (from €0.69/DDD in 2003 to €0.33/DDD in 2007). Simvastatin and atorvastatin were the two most often prescribed statins representing more than 90% of total expense. The cost per DDD for simvastatin fell for 58% (from 0.65 to €0.27/DDD). The cost per DDD for atorvastatin fell 53% (from 0.68 to €0.32/DDD). **CONCLUSIONS:** During the period 2003–2007, the whole group of statins showed a continuous increase in prescribed DDD. The average cost per DDD gradually declined after the introduction of generic substitutions to the reimbursement drug list which resulted in lowering reference prices accordingly. Therefore the overall growth of financial expenditure was slowed down considerably. For the entire period simvastatin and atorvastatin remained the most prescribed statins.

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COMPARATIVE ANALYSIS OF HEALTH TECHNOLOGY ASSESSMENTS (HTA) OF DRUG ELUTING STENTS (DES)

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OBJECTIVES: To assess the degree to which methods and recommendations converge in health technology assessments of drug eluting stents after the 2006 alert on DES safety. **METHODS:** A detailed comparative analysis of HTAs of DES, conducted by the National Institute for Health and Clinical Excellence, Ludwig Boltzmann Institute, Kenniscentrum voor de Gezondheidszorg and the Programs for Assessment of Technology in Health was assessed to investigate the findings and the convergence or divergence in evidence considered, methods of assessment and recommendations. **RESULTS:** The clinical evidence was obtained from randomised controlled trials (RCTs), non-RCTs, meta-analyses and registry data for the assessments. A total of 33 RCTs were identified in all assessments of which thirteen appeared across more than one assessment and seven were found across all assessments. The common endpoints included mortality, myocardial infarction, target lesion revascularisation (TLR), target vessel revascularisation (TVR) and stent thrombosis. The trial data showed no overall risk of stent thrombosis in DES except for one agency that considered the BASKET late trial. Registry data was used by three of the agencies, which identified 35 studies. Of these studies, six were included across more than one assessment and one in all assessments. All analyses found that DES statistically improved the rates of TLR and TVR. The registry data for each country were used to populate the economic models and data from meta-analyses were used to adjust the relative risk reduction of using DES in patients requiring repeat procedures. The agencies considered a variety of patient groups. These differences may explain some of the variation in cost effectiveness results. **CONCLUSIONS:** The processes and methods used were broadly similar across the agencies. However, the information used for the economic models was based on country specific registry data. The different data sources may explain some of the variation in reimbursement decisions.

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ADVANCING SYNCOPE DIAGNOSIS THROUGH IMPLANTABLE LOOP RECORDERS (ILRS) IN SWEDEN: COST-EFFECTIVENESS ANALYSIS OF NEW DIAGNOSTIC STRATEGIES

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OBJECTIVES: Physicians faced with the challenge of syncope diagnosis usually depend on a series of repeated tests to identify the cause of syncope or transient loss of consciousness (T-LOC) events. In addition to ECGs, Tilt Tests, EP Studies and Holter Monitors, physicians now have the option to also include implantable loop recorders (ILRs) in their diagnostic pathway. Given the high burden of syncope diagnostics on hospital resources, there is increasing attention on the use of ILRs given their higher diagnostic capabilities and potential to decrease the burden of multiple and repeated tests. We sought to examine the potential cost-effectiveness of adding an ILR to the traditional clinical pathway. We developed a decision-analytic model, comparing the cost per diagnosis of standard diagnostics with that of standard diagnosis plus the ILR. **METHODS:** Decision-Analytic Model in Microsoft Excel; Literature Reviews for diagnostic yields of ECGs, Holter Monitors, Cardiac Ultrasounds, Tilt Tests, EP Studies and Standard Evaluations; Cost Data based on Prislista Södra Regionvårdsnämnden, Lund, Sweden. **RESULTS:** The ILR-base strategy was observed to significantly increase the rate of diagnosis in an unselected population with recurrent syncope: 33% of patients receiving an ECG-confirmed diagnosis compared to 4% in the conventional care group. There was also a significant decrease in the rates of hospitalisation and investigation in patients receiving the ILR. The total cost of testing per patient in the ILR-based pathway was higher than that in the conventional pathway, however the cost per diagnosis achieved was lower in the ILR pathway given the significantly higher diagnostic power of the implanted device. The incremental cost per correct diagnosis was 12,930 SEK. This figure accounts for the differences in total costs and diagnostic efficacy between the ILR-based and conventional pathways. Results form probabalistic sensitivity analysis suggest a 95% upper bound of 35,305 SEK and a lower bound dominated by the ILR-based strategy. Simulations across the cost-effectiveness plane suggest an approximately 7% probability that the ILR-based strategy is both more effective and less costly. **CONCLUSIONS:** ILRs have been shown to exhibit diagnostic superiority when compared to conventional testing. In this analysis, we observe lower cost per correct